

**PULASKI COUNTY
TOURISM BUREAU & VISITORS CENTER**

137 St Robert Blvd
St Robert, MO 65584
573-336-6355
PulaskiCountyUSA.com

VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____

Street/City/State/Zip

Telephone: _____ **Email:** _____

Are you 18 years of age or older? ____ Yes ____ No

EDUCATION

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

EMPLOYMENT RECORD

Contact Name/Phone Number	Job Title	Date Started/Left	Rate of Pay	Reason for Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

REFERENCES

Name/Occupation	Years known	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

This volunteer position requires that you:

Must be committed to providing superior customer service; professional, outgoing and enjoy working with the public. Resourceful in answering questions specific to Pulaski County attractions, outdoor activities and history, as well as tourism activities within the state of Missouri. Ability to give directions and itinerary suggestions. Additional projects to include research, lead fulfillment and stocking. Intermediate computer skills, ability to meet, greet and show visitors around the Center, climb stairs, and ability to lift 25lbs.

Availability _____

How were you referred to our organization? _____

Do you have any relatives who are employed by or serve on the board of this Organization ____ Yes ____ No

Please specify: _____

Is there any information we would need about your name, or use of another name ____ Yes ____ No

Please specify if you answered yes.: _____

Please list any additional information that relates to your ability to perform as a volunteer.

VOLUNTEER APPLICANT STATEMENT

I understand that the organization follows an “volunteer at will” policy, in that I or the organization may terminate my volunteer position at any time, or for any reason consistent with applicable state or federal law; this “volunteer at will” policy can not be changed verbally or in writing, unless the change is specifically authorized in writing by the director of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons brought on as a volunteer must submit satisfactory proof of employment authorization and identity, failure to submit such proof will result in denial of volunteer position.

I understand this application will be active for a period of one year; after that time, if I wish to be considered as a volunteer, I must submit a new application.

I understand that the organization will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorized all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your signature _____ **Date:** _____